

SOUTH DAKOTA BOARD OF NURSING

SOUTH DAKOTA DEPARTMENT OF HEALTH
4305 S. Louise Avenue Suite 201 D Sioux Falls, SD 57106-3115
(605) 362-2760 D Fax: 362-2768 D www.state.sd.us/dob/nursing

Certified Nurse Aide Application for Initial Training Program

All Nurse Aide Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to ARSO 44:04:18:15. Approval status is granted for a two-year period. Written approval or dental of approval will be issued within 90 days after receipt of the application.

Send completed application and supporting documentation to:

South Delote Board of Nursing 4305 S. Louise Ave., Suite 201 Sioux Fells, South Delote 57106-3115

Address: 106 Broddock Armour 5.0. 57313 Phone Number: (605) 724-29/1 Fax Number: 605 729 - 2/19	Name of Institution:	Galden	Living Center	Armour	
France: (605) 724-29/1 Fax Number: 605 - 729 - 2119	Address: 10%	Broddock		N 4.	
	Armou.	5.0.	57313		
and the second of the second o	Phone Number: 605	724-29/1	Fax Number:	605 729	-2119
Email Address of Facility, Horry, Flemins oil author living, Can	E-mail Address of Facult	y Harm. F	lemine a) gold	en living.	e-73

Program Countinator must be a registered nurse with two years of nursing experience, at least one of which is
in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the
program coordinator but may not perform training while serving as DON. (ARSD 44:04:18:10)
 Attach curriculum vita, resume, or work history

	,	7.37		Fig. L/- May	
Name of Program Coordinator		State	Parities	Exphalion	Vertification (Completed by SDBON)
Koun Fleming		510	R034870	8/29/2013	

- Primary Instructor must be a licensed nurse (RN or LPN) with two years of nursing experience, at least one of which is in the provision of long-term care services. The primary instructor is the actual teacher of course material. (ARSD 44:04:18:11)
 - E' Attach curriculum vita, resume, or work history
 - Documentation supporting previous experience in teaching adults within the past five years or documentation of completing a course in the instruction of adults.

	BROR DI LORINI			
Name of Primery Instructor	State	Number	Expiration Date	Verification (Completed by SDBON)
Koren Fleming	SD		5/29/2013	

 Supplemental Paramonal may assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12)
 Attach curriculum vita, resume, or work history

The second secon	General Designation			
SUPPLEMENTAL PERSONNEL & CREDENTIALS	Subs	2	Expiration Date	Verification (Completed by SDBON)
BIOT RICK WALLOOTH	50	KO17814	10/06/12	
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Physical Facility Requirements: Ensure that classrooms, conference rooms, laboratories, and equipment are clean and safe and accommodate the number of students enrolled. (ARSD 44:04:18:14)

Course Name o	Requi	se (If applicable): We Care On	Line				
Instruct	on, and	saching methods may be utilized in achieving the class ad online instruction; afterence list of teaching materials utilized (include na	stroom instruction such as independent study, video me of book or resource, publisher, publication date, etc).				
	DOCUTION TO COLUMN	nentation that supports requirements listed in ARSD all stated objectives with measurable performance o	14:04:18:15; including:				
	ricultur	m, objectives and agenda documenting the requirem	FRENCE FOR EACH WAR OF CUFFICHUM				
ō	A mi	linimum of 15 hours of instruction prior to student by	wing direct patient contact; the 16 hours must include:				
		Communication and interpersonal skills, infection residents' independence, respecting residents' rig	control, safety/emergency procedures, promoting				
•	A mi	vinimum of 16 hours of supervised practical instruction	n with enough instructors to ensure safe and effective				
-	Carre;	it; the instructor ratio may not exceed eight students	for one instructor.				
	Instr	truction in each of the following content areas (see A	RSD 44:04:18:15 for more detail):				
	'n	Basic nursing skills (including documentation) including: vital signs; height and weight; client environment					
		to a supervisor; and caring for dying clients;	ctioning and the importance of reporting such changes				
		Personal care chills including hathing comming	, including mouth care; dressing; toileting; assisting with				
		eating and hydration; feeding techniques; skin c	the and transfer problems and become assume were				
		Mental health and social services, including: resp	online annominate in helicities appropries of				
	_	developmental tasks associated with aging proce-	s; respecting personal choices and preserving client				
		dignity, and recognizing sources of emotional suc	हुँ हैं जिसके निर्मार देखें किया सुर्वा कार्य कार्य कार्य कार्य कर हुए हुए स्थाप के वाह हुए सामान कर । किया है:				
			mmunication and techniques for addressing unique				
		needs and behaviors;					
		Basic restorative nursing services, including: self-	tare; use of assistive devices in transferring; ambulation,				
		eating, and dressing; range of motion; turning ar	d positioning in bed and chair; bowel and bladder care				
	_	and training; and care and use of prosthetic and					
		Residents' rights, including: privacy and confidentiality; self-determination; reporting grievances and					
		disputes; participating in groups and activities; se					
		environment free from abuse, mistreatment, and	neglect and requirement to report; avoiding restraints.				
upervi	sion oi	of Students: Pursuant to ARSD 44:04:18:13, stude	nts in a nurse aide training program may not perform any				
ervices :	Wiless I	i they have been trained and round to be proticient to envices only under the supervision of a licensed nurs	y the primary instructor. Students in a training program				
inh her	Oin Se	COVICES ONLY WINDS ONE SUIDED VEHICLE OF BUILDINGS OF BUILDINGS	Heu spotor (Lin).				
rogran	e Coor	edinator Signature: Karry	Dete: 10/27/11				
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his sec	Mon to	to be completed by the South Deksta Sourd of	Nurting				
		ion Received: 10/27/1/ Del	e Application Cented:				
Date A			one has Principle				
		te of Approval: 16 / 28 / 15	NA				
		entative: JAM PH					
Date No	xice Se	ent to Institution: /4/28///					